

TEAM NAME (BELOW)

AGE CODE	AGE RANGE
1	0-6 YEARS
2	7-19
3	20-59
4	60- over

ASSIST COACH _____
ADDRESS _____
CONTACT # _____

NAME(AS PRINTED ON BC) LAST FIRST		ADDRESS (NO PO BOX)	ZIP	SERVICE AREA	B/W/O	M/F	AGE CODE	DOB
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[illegible]